

Department of Children and Family Services Emergency Preparedness Policy Acknowledgment Form

I hereby acknowledge that I have received a copy of the DCFS Emergency Preparedness Policy, 1-2; and as a DCFS employee, I understand that unless specifically granted an exemption, if needed, I will be required to work at an assigned location within Louisiana and on assigned emergency/disaster operations tasks. Such work will be performed in accordance with DCFS Policy and Procedure relating to emergency preparedness and in good conduct as a DCFS representative.

Further, I acknowledge that when I am activated or called out to emergency/disaster duty, I may be assigned to work hours and days different from my regular work schedule. I understand my responsibility to read and comply with DCFS Policy 4-10 Human Resources Procedures for Emergency/Disaster Operations and any additional time and attendance instructions forthcoming to ensure my proper recording of disaster duty time worked. Once my disaster service has ended, I understand my responsibility to return to my regular work schedule, regular work duties, and regular office/location.

Bureau/Division/Section

Section/Parish/Cost Center

Signature

Personnel #

Printed Name

Date